


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90026 004 ****61.25

DOCUMENT # N05000002969					
1. Entity Name TABERNAACLE GRACE BAPTIST CHURCH INC.					
Principal Place of Business 723 WEST PEACHTREE LAKELAND, FL 33801		Mailing Address 723 WEST PEACHTREE LAKELAND, FL 33801			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092008 Chg-NP CR2E037 (12/08)	
City & State		City & State		4. FEI Number 74-3168281	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUCKETT, JAMES 990 N IOWA ST #2 LAKELAND, FL 33801				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
LUCKETT, JAMES 990 N IOWA ST #2 LAKELAND, FL 33801				723 West Peachtree Lakeland FL 33801	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUCKETT, RICHARD E	NAME			
STREET ADDRESS	3682 PARTRIDGE PATH #T	STREET ADDRESS			
CITY- ST- ZIP	ANN ARBOR, MI 48108	CITY- ST- ZIP			
	1401 HARRY ST Ypsilanti, MI 48198				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICH, JEANENE	NAME			
STREET ADDRESS	1219 ROBERT KING HIGH DR	STREET ADDRESS			
CITY- ST- ZIP	LAKELAND, FL 33805	CITY- ST- ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUCKETT, JAMES	NAME			
STREET ADDRESS	990 N IOWA ST #2	STREET ADDRESS			
CITY- ST- ZIP	LAKELAND, FL 33801	CITY- ST- ZIP			
	723 West Peachtree Lakeland FL 33801				
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAINER, SANDRA D	NAME			
STREET ADDRESS	2209 CHESTNUT HILLS DR	STREET ADDRESS			
CITY- ST- ZIP	LAKELAND, FL 33805	CITY- ST- ZIP			
	5070 Menlo Park Way #307 Lakeland 33805				
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AMOS, JOSEPH L	NAME			
STREET ADDRESS	3682 PARTRIDGE PATH #T	STREET ADDRESS			
CITY- ST- ZIP	ANN ARBOR, MI 48108	CITY- ST- ZIP			
	1401 HARRY ST Ypsilanti, MI 48198				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sandra Gainer</u>			SIGNATURE: <u>Sandra Gainer</u>		Date: <u>4/13/2008</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>863 284 1758</u>